

44-158-1

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5624

FILED FEB 27 1950

BIRTH NO. _____		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 3049		Registrar's No. 28	
1. PLACE OF DEATH a. COUNTY Pemiscot				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayti		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayti		0181	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gen. Del. Home				d. STREET ADDRESS (If rural, give location) Gen. Del. 0			
3. NAME OF DECEASED (Type or Print)		a. (First) William		b. (Middle) Frank		c. (Last) Mangrum	
4. DATE OF DEATH		(Month) (Day) (Year)		Feb. 14, 1950			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 18, 1896	
9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (State or foreign country) Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Sophie Mangrum			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sophie Mangrum Hayti, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension - arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 334/x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-1-, 1950, to 2-14-, 1950, that I last saw the deceased alive on 2-14-, 1950, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. L. Masterado		23b. ADDRESS Hayti, Mo.		23c. DATE SIGNED 2-16-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-15-50		24c. NAME OF CEMETERY OR CREMATORY Maple		24d. LOCATION (City, town, or county) (State) Caruthersville, Mo.	
DATE REC'D BY LOCAL REG. 2-22-50		REGISTRAR'S SIGNATURE John St. German 406		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jimmy Osburn, Wardell, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2-58-69 MAR 3 1950

FEB 25 REC'D

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

James A. Osburn

Signed _____
Student Embalmer

Licensed Embalmer No. 4185

P. O. Address Wardell, Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.